opplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/646532

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
EC	R			R FILED		NUMBER EXTRA		FEE		RATE	FEE
FOR				Frankliger, St. W. St. St. 1875 1875 1885 111 111				345.00	OR	810	690.00
BASIC FEE			A STATE OF THE STA		250.25	-	Un				
TOTAL CLAIMS 26 minus 2				!0= *		X\$ 9=	_	OR	X\$18=		
INDEPENDENT CLAIMS 3 =					3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	260-	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1100
CLAIMS AS AMENDED - PART II								-	OTHER THAN SMALL ENTITY		
			mn 1)		(Column 2 HIGHEST	(Column 3)	SMALL	ENTITY	OR I	SWALL	ADDI-
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	=	X39=	İ	OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=		
							TOTAL		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)						ADDIT. FEE		I	ADDIT. PEE	
\vdash		CL	AIMS	,	HIGHEST			ADDI-			ADDI-
MENDMENT B		AF	AINING TER DMENT		NUMBER PREVIOUSL PAID FOR		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•		Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	•		Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=			+260=		
							TOTAL		OR	TOTAL	
								<u> </u>	OR	ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·		umn 1)		(Column 2		<u> </u>				
ENT C		REM	AIMS AINING TER IDMENT		NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•		Minus	••	=	X\$ 9=		OR	X\$18=	
ME	Independent	•		Minus	***	=	X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╛├──	1	1		
					uma O umita son	in column 2	+130=	<u> </u>	OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE											
***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

230070 300000. 1, 2000												
		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							RA	TE	FEE]	RATE	FEE.
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGEA	BLE CLAIMS	minus 20=		*		X\$	9=		OR	X\$18=	
INE	DEPENDENT CL	_AIMS	minus 3 =		*		X4	0=		OR	X80=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+13	25-		1	+270=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in d	"0" in column 2		TOTAL		OR OR	TOTAL	
CLAIMS AS AMENDED - PART II							10	IAL		JON	OTHER	THAN
		(Column 1)		(Colur	nn 2) (Column 3)		SM	SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	X4	0=	,	OR	X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		+13	5=		OR	+270=	
								JATC			TOTAL ADDIT. FEE	•
	_	(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT.	reel		. ·	ADDIT. FEE	·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA	RA	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 16	Minus	** 7	e	= /	X\$	9=		OR	X\$18=	
	Independent	· 3	Minus	3		=	X40)=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENI	CLAIM		+13	5=		OR	+270=	
							T(ADDIT.	OTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT.	ree •	· · · · · · · · · · · · · · · · · · ·		AUDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=	
	Independent	*	Minus	***]=	X40)=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		+13				+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							D= TAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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